

A NATIONAL CAMPAIGN TO CONTROL HIGH BLOOD PRESSURE

Testimony before

House Subcommittee on Health and Long-Term Care

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by

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Mr. Chairman and Members of the Committee:

It is a distinct privilege to appear before this Committee on what many of us believe is the most exciting development in many years in the control of a major chronic disease -- high blood pressure. Many of us in this room here today know, Mr. Chairman, of your introduction in 1948 of the National Heart Act, and what we report to you today are the results of a singular achievement by the National Heart Institute created by that Act.

When Mary Lasker and I met with then-Secretary of Health, Education and Welfare Elliot Richardson in 1972 to ask him to inaugurate a national program combining the endeavors of Federal, State and local governments and private voluntary organizations, we knew high blood pressure was an enormous problem, but we also knew that the vast majority of the American people and a significant percentage of health professionals had very little idea of the extent of this disease.

There are 23 million people in this country today suffering from hypertension. This is a conservative figure, since it encompasses only those who have definitely diagnosed high blood pressure. If we add to these figures those who have borderline hypertension, we increase the total to 44 million in the 18 to 74 age bracket.

Of particular interest to this Committee are the figures on the extent of high blood pressure among the elderly. The prevalence rate of definite hypertension increases rapidly with age; among those of our citizens in the 65-74 age bracket approximately 40 percent, or 5,600,000, have definite hypertension. Furthermore, in the age group above 74 years, an additional 40 percent -- estimated at 3,200,000 -- have high blood pressure. In other words, we are talking here about close to nine million of the elderly who have definite high blood pressure, and this does not include additional millions of the elderly who have borderline hypertension.

Since it was known that high blood pressure was the major factor in 68 percent of all first heart attacks and in 75 percent of all first strokes, we were confident that we could drop the death rate appreciably if we mobilized the efforts of Federal, State and local governments and our great voluntary health organizations in a planned attack on this disease. We had the precedent of two massive clinical trials by the Veterans Administration demonstrating that the use of available drugs against hypertension were 67 percent effective in preventing the incidence of heart attacks and strokes.

The major responsibility was given to the National Heart Institute, which devised the educational program and which also set up a coordinating committee to work closely with it in the planning and implementation of the major goals of the program. This coordinating committee includes representatives of the American Heart Association, the National Kidney Foundation, the American Medical Association, the American Nurses Association and many others too numerous to list here.

What have the results of this major effort been over the past three years?

Most important, we have saved 147,000 lives in the period between 1973 and 1976. The 14 percent decline in stroke deaths saved 52,000 lives, and the seven percent decline in the death rate from heart attacks saved 95,000 lives.

These figures represent historic and unprecedented gains against the major killers of our time. For example, prior to this campaign, the death rate from strokes had been increasing each year with no end in sight. Now, for the first time in our history, we can talk of significant drops in deaths from stroke. Similarly, in the major cardiovascular diseases the number of deaths in 1975 dropped below one million for the first time since 1967, despite an ever-increasing and aging population. As Doctor Robert Levy, the Director of the National Heart Lung and Blood Institute, noted in Congressional testimony earlier this year:

"The death rate in our country has dropped below nine per one thousand for the first time in our history; it is clear that declining cardiovascular mortality is the major responsible factor."

When the High Blood Pressure Education program was started in 1973, 50 percent of the American people were unaware that they had hypertension. Today, only 30 percent of our people are unaware that they have this disease. However, the 70 percent awareness figure, while a distinct improvement, is modified by the fact that only 30 percent of that group is on adequate therapy. The remainder are either on no therapy at all, or on inadequate therapy. In other words, there are millions of Americans yet to be reached by this program.

Mr. Chairman, we are under no illusions that we are anywhere near close to achieving our mission. If we were to attempt to rest on our laurels, we would be brought up short by this directive from the Fiscal 1977 Report of the House

Committee on Appropriations:

"It is not unreasonable to expect that an all-out effort to control blood pressure in a given State or community would reduce the number of strokes by at least one-third, eliminate three-fourths of the cases of heart failure, reduce kidney failure by ten to fifteen percent and produce a drop in the number of heart attacks. The state-of-the-art exists..."

In order to achieve this mandate, we think the following steps are vital:

(1) Continue our efforts to reach the more than seven million people who are unaware that they have high blood pressure.

(2) For the millions who have been diagnosed as having hypertension, conduct a continuing campaign to get them to take their prescribed medications. Because they have no pains or symptoms, a disturbingly high percentage of people soon discontinue taking the drugs which, in many cases, would prevent the onset of a stroke or heart attack. The theme of this year's High Blood Pressure Month was built around the necessity for staying on these medications.

(3) For those who cannot afford the prescribed drugs, it is in our own enlightened interest to see that these monies are provided. For the past two years, we have had a small formula grant program to the States, but the sums of money appropriated for it are only a fraction of what is needed to meet this problem. The average drug cost per day is only fifty cents. Is this a sensible investment to control a disease which costs our country \$24 billion? Is this a sensible investment to control a disease which may lead to stroke and years of constant suffering at a cost of thousands of dollars per each case?

As you well know, Mr. Chairman, this financial problem is one that is

particularly acute among the elderly, and it is our hope that this Subcommittee can help us to devise a mechanism so that all of our people may have access to this life-extending and life-enhancing treatment.